

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588987

FILING DATE

APPLICANT(S)

Art 34

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1		1	
4		2		2		1
5		2		2		1
6		2		2		1
7		2		2		1
8		2		2		1
9		2		2		1
10		1		1		1
11		2		2		1
12		(1)		(1)		1
13		(1)		(1)		1
14	1		1		1	
15		1		1		1
16		1		1		1
17		3		3		1
18		1		1		1
19		1		1		1
20		(1)		(1)		1
21		1		1		1
22			1		1	
23				1		1
24				2		1
25				(1)		1
26				(1)		1
27				(1)		1
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TOTAL IND.	3	↓	4	↓	4	↓
TOTAL DEP.	27	←	34	←	24	←
TOTAL CLAIMS	30		38		28	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						